

“They share more than we think they are sharing”: a mixed-methods evaluation of Post Natal Clubs in South Africa

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Photo credit: Sean Christie

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MSF Southern Africa Scientific day



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Setting

- Khayelitsha: peri-urban, informal settlement
- Population ~ 500,000, 12 Health Centres
- HIV antenatal prevalence: 33% (2015)
- MTCT: 0.8% at 10 weeks (2015), unknown at 18m
- Town 2 clinic: 203 PMTCT babies in care a year



Photo credit: Sam Reinders



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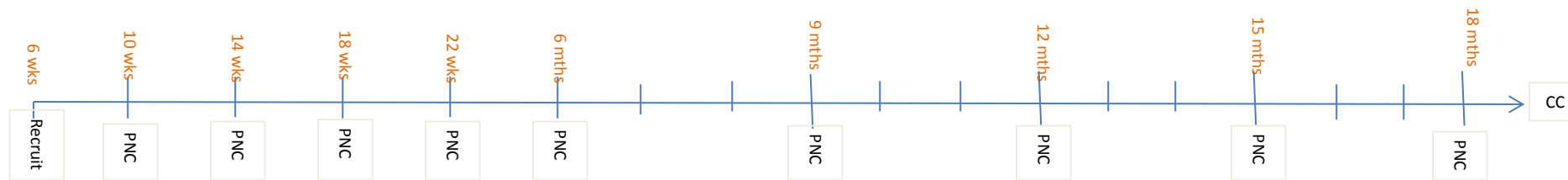
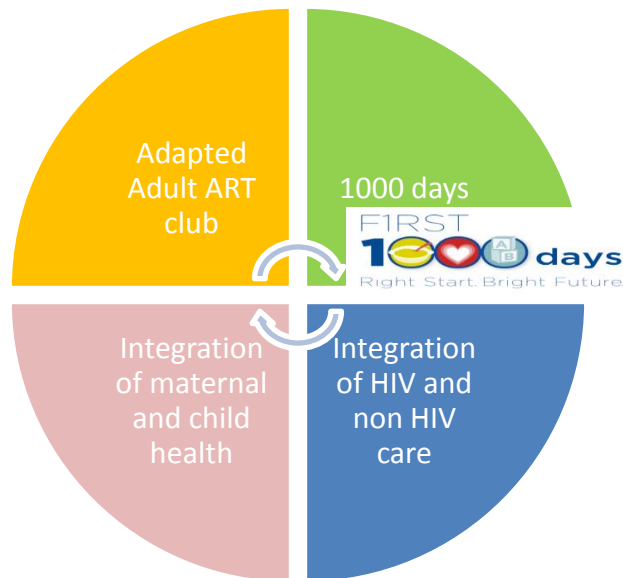
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Background: Very Early Infant Diagnosis study

- All children born in 2010/2011 (n=704) were included in the study
 - => Poor retention in care
- In the 18 months post natally, of mother and infants
- If in the 18 months post natally, de
- At what solutions can we bring?
 - just 25% of babies tested before tracing
 - an additional 13% tested after tracing.

PNC-Description



Objectives



- Retention of the mother on ART at 18 months
- VL suppression for the mother
- Completion of all scheduled infant HIV testing by 18 months of life
- Prevention of seroconversion of the HIV exposed infant
- Completion of full infant vaccination coverage at 12 months

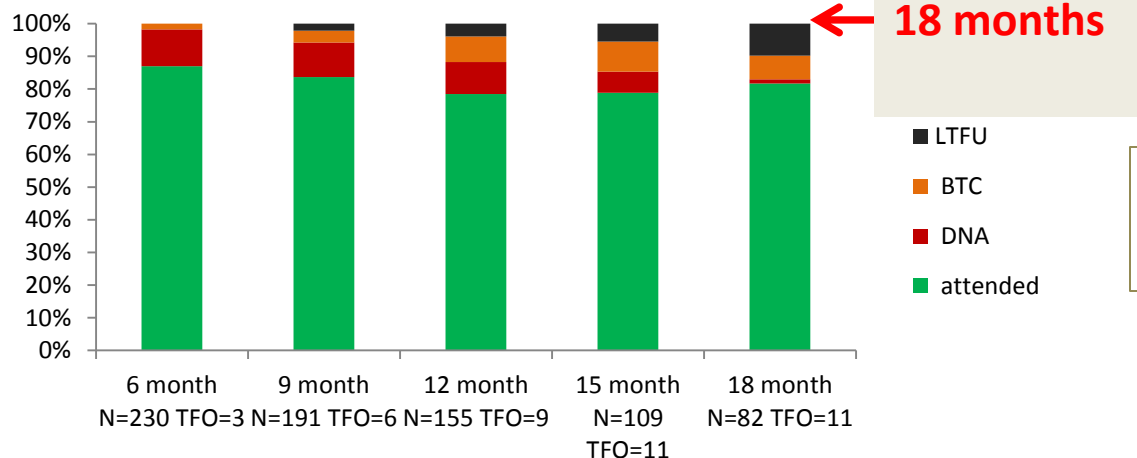
Methodology

- Quantitative
 - Prospective descriptive analysis
 - Data sources: MSF register, NHLS, patient folder (electronic database)
 - Protocol written in partnership with m2m. Ethics approved by FPD Ethics Board and MSF-ERB.
- Qualitative :
 - 3 focus group discussions, 10 individual in-depth interviews (with and without previous adult ART club experience), 2 observations
 - Protocol approved by UCT and MSF ERB

Results - from July 2016 until March 2018

(n=296 mothers)

Proportion of mother infant pairs experiencing an outcome at each time point.*



Infant vaccination coverage*

12 months	104/123 (84.5%)
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*as recorded in register

*Denominator at each point is those with enough follow-up time to be due for the visit.
Only those who joined a club at week 10 are included

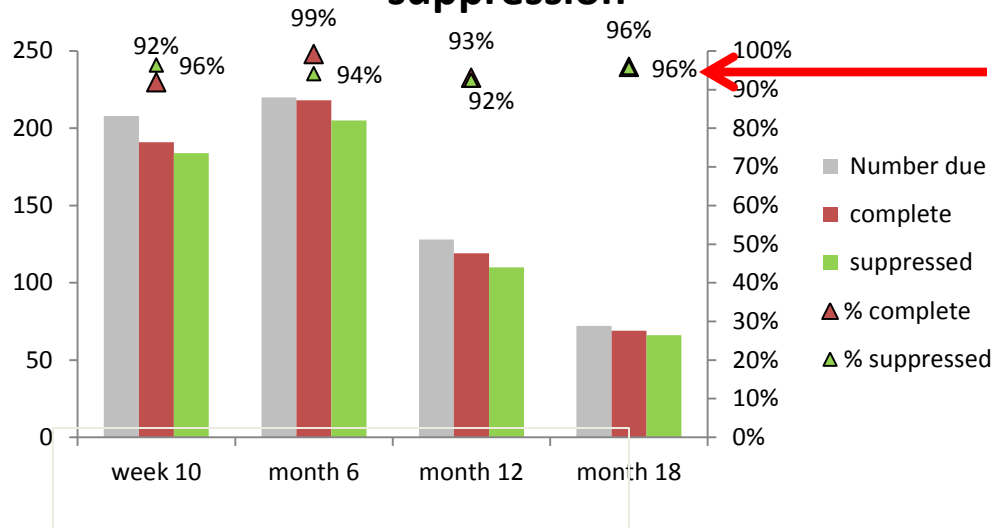
Note: not all MIPs have been in care the same amount of time, hence the different N at each time point. For example, only 82 moms started more than 18 months ago, but 230 started more than 6 months ago



Results - from July 2016 until March 2018

(n=296 mothers)

Postnatal Club VL completion & suppression



96% VL completion
96% VL suppression at 18 months

	Infant rapid test uptake	Positive
9 months	157/159 (99%)	0
18 months	62/67 (93%)	0

Note: not all MIPs have been in care for the same amount of time, hence the different N at each time point. For example, only 82 moms started more than 18 months ago, but 230 started more than 6 months ago

Results: acquired knowledge leading to behaviour change

- Adherence

"I was educated about the importance of breastfeeding a baby"

- Infant feeding and healthy diet for mothers and babies
- Follow-up tests and treatment for babies
- Early childhood development activities

"Now, I know that a baby can hear. So I must speak to my baby and I must play with him"

Peer support

- Role models
- Sharing experience and advice
- Assistance to other participants
- Help with disclosure
- Stigma reduction and support in dealing with family
- Community support and knowledge transmission

“We learned to share in the Club. If one of you doesn’t have, you provide”

“They started not knowing each other, but now they are friends”

Results: other perceived advantages

- Health education
- Time-saving
- Comprehensive care
- Staff attitude and setting
- Good patient follow up and data collection
- Mental health assessment and support
- Health outcome improvements

"We are taken care of, with my child at the same time, and the care they portray is excellent"

"They know exactly when the child is due for their blood test, their results, their immunizations"

Results: perceived challenges

- Space and confidentiality issues
- Length of the sessions
- HR and workload issues
- Quality versus quantity
- PNC meetings dates
- Sustainability
- Graduation

“If you’d used clinic staff, it would not have been the same because clinic staff cannot sit 8 hours doing 10 mothers and infant pairs there”

“I wish it can always be like this and we do not graduate at a certain stage. I wish we are not removed and always be in, even if our kids are old we can stay in”

Conclusion

- PMTCT post natal retention in care of mother-infant pairs remains a problem
- The PNC model offers a **comprehensive integrated package** of care to mother-infant pairs and **improved health outcomes**
- The model **generated knowledge and triggered positive changes** in health behaviours and motherhood
- PNCs generated **great peer support**
- Participants and staff showed a **high level of satisfaction** with the model despite **some operational challenges**

➡ **Post natal peer support and integrated care of mother-infant pairs is possible with minimal reorganisation and training of clinic staff.**

Acknowledgements

Thank you to the rest of the team for their unconditional support and conviction into this project:

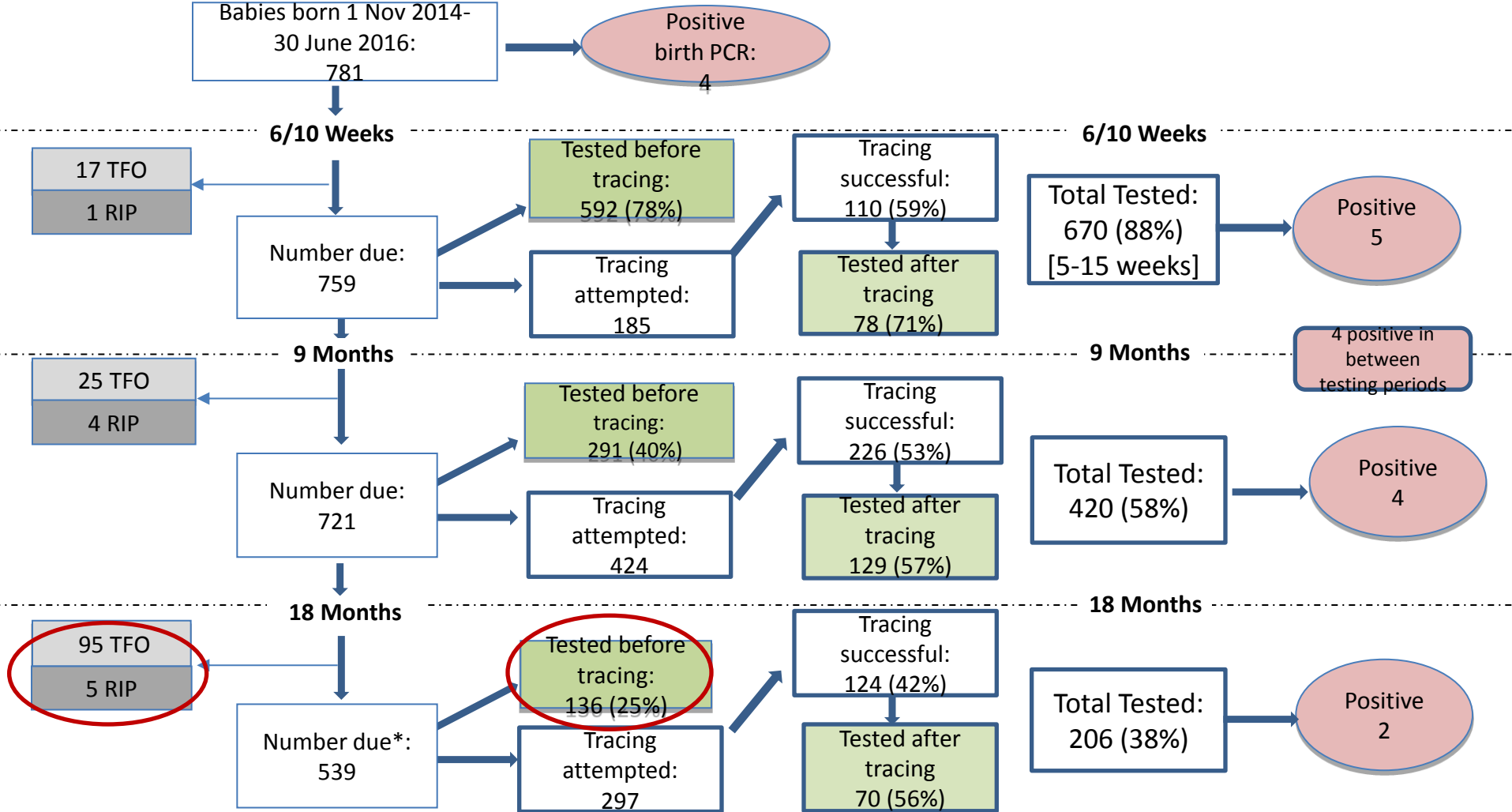
- the MSF team
- the mothers2mothers team
- the City of Cape Town clinic staff and management
- all the mothers and infants part of the PNC

We confirm that we have obtained permission to use images from the participants included in this presentation

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*18 months data collection ongoing, allowing a window period of 3 months for the test to be completed and data to be captured